

**STATE OF MICHIGAN**  
**DEPARTMENT OF LABOR & ECONOMIC GROWTH**  
**OFFICE OF FINANCIAL AND INSURANCE SERVICES**

**Before the Commissioner of Financial and Insurance Services**

**In the matter of**

**XXXXX**

**Petitioner**

**File No. 86445-001**

**v**

**Mid-West National Life Insurance Company**  
**Respondent**

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**Issued and entered  
this 28th day of December 2007  
by Ken Ross  
Acting Commissioner**

**ORDER**

**I  
PROCEDURAL BACKGROUND**

On November 26, 2007, XXXXX (Petitioner) filed a request for external review with the Commissioner of Financial and Insurance Services under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the information and accepted the request on December 3, 2007.

The Commissioner notified Mid-West National Life Insurance Company of Tennessee (Mid-West) of the external review and requested the information used in making its adverse determination. The company provided information on November 28, 2007.

The issue here can be decided by an analysis of the terms of the Petitioner's health care coverage. The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

## **II FACTUAL BACKGROUND**

The Petitioner has a one-year nonrenewable student insurance policy through the XXXXX, that is underwritten by Mid-West. Her coverage was effective on September 6, 2006. The terms of coverage are contained in a master policy issued through a trust; students who purchase coverage receive a brochure.

Mid-West denied claims for medical treatment the Petitioner received at the XXXXX emergency room on November 3, 2006. After the Petitioner appealed, Mid-West maintained its denial and issued a final adverse determination dated October 12, 2007.

## **III ISSUE**

Is Mid-West correct in denying coverage for the Petitioner's medical treatment?

## **IV ANALYSIS**

### **Petitioner's Argument**

The Petitioner provided no specific information about the emergency services she received at XXXXX on November 3, 2006. She appears to argue that Mid-West should be required to pay for her treatment at the hospital regardless of any exclusion in her policy.

### **Mid-West National Life Insurance Company's Argument**

Mid-West says that the student brochure contains this exclusion on page 7:

#### **EXCLUSIONS AND LIMITATIONS**

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

\* \* \*

16. Injury caused by, contributed to, or resulting from the use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician.

Mid-West says according to the medical records, the treatment the Petitioner received on November 3, 2006, was needed because she took an overdose of Motrin. Therefore, based on the exclusion quoted above, no benefits were payable.

Commissioner's Review

The Commissioner has considered the arguments of both parties and reviewed the provisions of the master policy and the student coverage brochure.

Although the Petitioner's policy includes coverage for medical emergencies, it is clear that an injury resulting from medicine that is not taken in the recommended dosage is excluded from coverage. The records from XXXXX indicate that the Petitioner's diagnosis was "Motrin overdose," and that the Petitioner had not been sleeping for the past several weeks and was experiencing marital problems.

In deciding this case the Commissioner is bound by the terms and conditions of the certificate. The Commissioner finds that Mid-West processed the claim correctly when it denied coverage based on the exclusion quoted above.

**V  
ORDER**

The Commissioner upholds Mid-West National Life Insurance Company's adverse determination of October 12, 2007.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the Circuit Court for the county where the covered person resides or in the Circuit Court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Services, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.